## 1999 NATIONAL HIV PREVENTION CONFERENCE

## Abstract 495

TITLE: Towards Elimination of Perinatal HIV in the United States: Surveillance Data to Target

and Evaluate Prevention Programs

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**OBJECTIVE:** To assess the impact of prevention guidelines for maternal and neonatal ZDV use and voluntary prenatal HIV testing.

**METHODS:** We analyzed AIDS data reported to CDC by June 1998. We analyzed AIDS data by birth cohort, adjusting for incubation distribution and reporting delays. U.S. natality data were used to calculate rates of perinatally acquired (PA) AIDS among infants per 100,000 births. In addition to analyzing AIDS cases from all states, we analyzed data from 29 states that monitor perinatally HIV-exposed children and their subsequent infection and AIDS status.

**RESULTS:** Overall 7512 PA AIDS cases were reported from 48 states, Puerto Rico, District of Columbia, and the U.S. Virgin Islands. Most children were black, non-Hispanic (61%) and Hispanic (23%). By year of diagnosis, PA AIDS incidence in all age groups peaked in 1992 and declined 66% from 1993 to 1997. Declines occurred in all regions, urban and rural areas, and all racial-ethnic groups. Declines were greatest (76%) among infants (<1 year) who were born in more recent years. Of 236 children with PA AIDS born in 1995 and 93 born in 1996, 33% and 38%, respectively had mothers who were tested for HIV after the child's birth. By year of birth, from 1992 to 1996, rates per 100,000 births of infants with PA AIDS (<1 year of age) declined from x/100,000 to x/100,000. In 29 HIV-reporting states, of 4683 children born to HIV+ mothers in 1994-1997, the percentage of mothers tested before birth increased from 87% to 94%. Of 1208 perinatally exposed children born in 1995 and 1159 born in 1996, 72% and 84%, respectively, received ZDV.

**CONCLUSION:** Dramatic declines in PA AIDS incidence have continued in the United States. This decline is largely due to declining perinatal transmission as the use of ZDV increases. To work toward perinatal elimination, efforts need to be directed to mother-infant pairs that did not receive timely HIV testing or ZDV. Population-based perinatal HIV exposure and infection surveillance is needed so states can target the harder-to-reach populations for prevention interventions and evaluate perinatal prevention programs.

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